| Schedule E) | FOR SE OF FORM 24/48 | | |
|--|---|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | |
| National Nurses United for Patient Protection | | | |
| | C C00490375 | | |
| Check if 24-hour report X 48-hour report New report Amends report filed on | | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | |
| California Nurses Association | M M / D D / Y Y Y Y | | |
| Mailing Address 2000 Franklin Street | 01 12 2016 Amount | | |
| | Amount | | |
| City State Zip Code | 220.00 | | |
| Oakland CA 94612 | Transaction ID : D692894 Date of Disbursement or Obligation | | |
| Purpose of Expenditure Site rental Category/ Type | 01 13 / 2016 | | |
| Name of Federal Candidate Support Office | e Sought: House District: 00 | | |
| BERNARD SANDERS Oppose | President Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | ursement For: | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | |
| Campaign Workshop | 12 15 2016 | | |
| Mailing Address 1129 20th Street, Suite 200 | 12 10 2010 | | |
| | Amount | | |
| City State Zip Code | 42000.00 | | |
| Washington DC 20036 | Transaction ID : D692895 Date of Disbursement or Obligation | | |
| Purpose of Expenditure Category/ | M M / D D / Y Y Y Y | | |
| Printing Type | 01 13 2016 | | |
| Name of Federal Candidate Support Office | e Sought: House District: 00 | | |
| BERNARD SANDERS Oppose | President Senate State:IA | | |
| | ursement For: X Primary General | | |
| Per Election for Office Sought 44328.85 2016 | Other (specify) | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 42220.00 | | |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 4 4 | | |
| (c) TOTAL Independent Expenditures | | | |
| | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | | | |
| Carolyn Hietamaki | M / D D / Y Y Y Y | | |
| [Electronically Filed] Date Signature | 15 2016 | | |
| · · | | | |

| | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | FEC IDENTIFICATION NUMBER ▼ |
| National Nuises Officed for Patient Protection | C C00490375 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | n |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Campaign Workshop | 01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1129 20th Street, Suite 200 | Amount |
| City State Zip Code | 28000.00 |
| Washington DC 20036 | Transaction ID : D692898 Date of Disbursement or Obligation |
| Purpose of Expenditure Printing Category/ Type | 01 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office S | Sought: House District:00 |
| DEDNADD CANDEDC | President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2016 | ement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Clear Channel Outdoor | 12 28 2015 |
| Mailing Address PO Box 591790 | Amount |
| City State Zip Code | 1400.00 |
| | ransaction ID : D692899 Date of Disbursement or Obligation |
| Purpose of Expenditure Printing Category/ Type | 01 13 / 2016 |
| Name of Federal Candidate Support Office 9 | Sought: House District: 00 |
| BERNARD SANDERS Oppose X | President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2016 | ement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 29400.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1171171171 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| Carolyn Hietamaki [Electronically Filed] Date 01 | 15 2016 |
| Signature | |

PAGE

| | | FOR SE OF FORM 24/48 |
|--|--|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | | C C00490375 |
| Check if 24-hour report X 48-hour report New report | Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date | of Public Distribution/Dissemination |
| California Nurses Association | | 01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2000 Franklin Street | Amo | unt |
| City State Zip | Code | 400.00 |
| | 612 Tran | saction ID : D692900 of Disbursement or Obligation |
| Purpose of Expenditure Site rental | | 01 13 2016 |
| Name of Federal Candidate | X Support Office Soug | ht: House District: 00 |
| BERNARD SANDERS | Oppose X Presid | dent Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | 99.45 Disburseme 2016 | nt For: |
| Full Name of Payee Autumn Press | | of Public Distribution/Dissemination |
| Mailing Address 945 Camelia St | Amo | 12 15 2016 ount |
| City State Zip | Code | 627.83 |
| Berkeley CA 94 | | saction ID : D692896 of Disbursement or Obligation |
| Purpose of Expenditure Printing | ategory/ Type | 01 / 14 / 2016 |
| Name of Federal Candidate | X Support Office Soug | ht: House District: 00 |
| BERNARD SANDERS | Oppose Presi | dent Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | 44328.85 Disburseme 2016 | ent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······································ | 1027.83 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | ······································ | 17171 |
| Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent. | | |
| Carolyn Hietamaki [Electronicali | ly Filed] Date 01 | 15 / 2016 |
| Signature | | |

PAGE

| Schedule E) | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | |
| | C C00490375 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| California Nurses Association | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2000 Franklin Street | 01 13 2016 Amount |
| | |
| City State Zip Code | 220.00 |
| Oakland CA 94612 | Transaction ID : D692897 Date of Disbursement or Obligation |
| Purpose of Expenditure Site rental Category/ Type | 01 14 2016 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| BERNARD SANDERS Oppose | President Senate State: IA |
| 44000.05 | ursement For: X Primary General |
| Per Election for Office Sought 44328.85 2016 | Other (specify) |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| California Nurses Association | 01 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2000 Franklin Street | |
| | Amount |
| City State Zip Code | 400.00 |
| Oakland CA 94612 | Transaction ID : D692901 Date of Disbursement or Obligation |
| Purpose of Expenditure Site rental Category/ Type | 01 14 2016 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| PEDNADD SANDEDS | President Senate State: NV |
| Odiolidai lodi lo Bato | ursement For: X Primary General |
| Per Election for Office Sought 32199.45 2016 | Other (specify) |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 620.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | 45 45 45 |
| (c) TOTAL Independent Expenditures | |
| | 7 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Carolyn Hietamaki | M / D D / Y Y Y Y |
| Signature [Electronically Filed] Date | 1 15 2016 |
| - U | |

| | modulo L) | FOR SE OF FORM 24/48 |
|---|--|--|
| | ME OF COMMITTEE (In Full) ational Nurses United for Patient Protection | FEC IDENTIFICATION NUMBER ▼ |
| IN | ational Nurses Officed for Patient Protection | C C00490375 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y |
| П | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Autumn Press | 01 14 2016 |
| | Mailing Address 945 Camelia St | Amount |
| ı | City State Zip Code | 1165.66 |
| | Berkeley CA 94710-1437 | Transaction ID : D692902 Date of Disbursement or Obligation |
| | Purpose of Expenditure Printing Category/ Type | 01 / 14 / 2016 |
| ı | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | DEDNADD CANDEDC | President Senate State: NV |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2016 | rsement For: Primary General |
| ŀ | | Other (specify) - |
| | Full Name of Payee Bus Bank | Date of Public Distribution/Dissemination |
| | Mailing Address 820 West Jackson | 01 15 2016 |
| ١ | Suite 815 | Amount |
| ı | City State Zip Code | 14124.00 |
| | Chicago IL 60607 | Transaction ID : D692905 Date of Disbursement or Obligation |
| | Purpose of Expenditure Bus tour expenses Category/ Type | 01 / 14 / 2016 |
| ١ | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Bernie Sanders Oppose | President Senate State: DC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rsement For: |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 15289.66 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | |
| | Carolyn Hietamaki [Electronically Filed] Date 0 | |
| | Signature Date 0 | 2010 |
| | | |

PAGE 5

| Schedule E) | 1101101120 | PAGE 6 OF 7 FOR SE OF FORM 24/48 |
|--|-------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | | C C00490375 |
| | | |
| Check if 24-hour report X 48-hour report New | report Amends report f | filed on Man / Dad / Yaryary |
| Full Name of Payee Autumn Press | | Date of Public Distribution/Dissemination |
| Mailing Address 945 Camelia St | | 01 15 2016 |
| J. S. | | Amount |
| City State | Zip Code | 833.79 |
| Berkeley CA | 94710-1437 | Transaction ID : D692903 Date of Disbursement or Obligation |
| Purpose of Expenditure Printing | Category/ Type | 01 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support O | Office Sought: House District: 00 |
| BERNARD SANDERS | | President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Autumn Press | | 01 15 2016 |
| Mailing Address 945 Camelia St | | 01 10 2010 |
| | | Amount |
| City State | Zip Code | 1261.02 |
| Berkeley CA | 94710-1437 | Transaction ID : D692904 Date of Disbursement or Obligation |
| Purpose of Expenditure Printing | Category/ Type | 01 / 15 / 2016 |
| Name of Federal Candidate | X Support C | Office Sought: House District: 00 |
| BERNARD SANDERS | Oppose | President Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | 44328.85 | Disbursement For: Primary General |
| | 7 | Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 2094.81 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |) | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent. | | |
| Carolyn Hietamaki [Elec | etronically Filed] Date | 01 15 2016 |
| Signature | | |

| ooneddie Ej | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) National Nurses United for Detiont Protection | FEC IDENTIFICATION NUMBER ▼ |
| National Nurses United for Patient Protection | C C00490375 |
| Check if 24-hour report X 48-hour report New report Amends report filed of | on M = M / D = D / Y = Y = Y |
| | Date of Public Distribution/Dissemination |
| Autumn Press | 01 15 2016 |
| Mailing Address 945 Camelia St | Amount |
| City State Zip Code | 1291.61 |
| Berkeley CA 94710-1437 | Transaction ID : D692906 Date of Disbursement or Obligation |
| Purpose of Expenditure Printing Category/ Type | 01 |
| Name of Federal Candidate Support Office 9 | Sought: House District:00 |
| Parrie Condors | President Senate State: DC |
| | sement For: X Primary General |
| | Other (specify) |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Mailing Address | Amount |
| City State Zip Code | |
| Purpose of Expenditure Category/ Type | Date of Disbursement or Obligation |
| Name of Federal Candidate Support Office | Sought: House District: |
| | President Senate State: |
| | sement For: Primary General |
| | Other (specify) - |
| (a) SUBTOTAL of Itemized Independent Expenditures | 1291.61 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 91943.91 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| Carolyn Hietamaki [Electronically Filed] Date 01 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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